**Diabetic Amputations in 2023 are Still More Frightening Than Death-Act Now Before it is Too Late**

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Every 20 seconds a limb is lost somewhere in the world due to diabetes.1 Moreover, every 1.2 seconds someone develops diabetic foot ulceration. Every 7 seconds someone dies from diabetes.1

In 2023, the situation is still grave. Indeed, it has been aggravated by the Coronavirus infectious disease 2019 (COVID-19) pandemic. This has proven very challenging for both patients and healthcare professionals.2 Closing down of foot clinics and other medical services for at least 4 months, as well as cancellation of elective surgeries, have had a considerable impact on diabetic foot management and screening.2 Furthermore, when the medical services reopened for the public, the elderly and the vulnerable were still afraid to attend their much-needed appointments, hence cancelling or further delaying their appointments for months.2 This resulted in severe complications including severe cellulitis, callosities leading to pre-ulcerative lesions and extravasations, ulcerations, osteomyelitis, gangrene and an increase in amputations. Potentially serious and limb-threatening foot problems could have been missed during that time.2,3

***Patients with diabetes fear major lower limb amputations more than death***

One third of people with a first diabetic foot ulceration present with chronic depression, which is associated with increased mortality.4 Health care professionals are experienced in managing diabetes and its complications but very rarely pay attention to the mental health status of their patients.4 Depression and diabetes represent major epidemics of the 21st century.4-6 There is a bidirectional relationship between type 2 diabetes and depression, the one increasing the risk for the other.6-8 Lower limb amputation is undoubtedly a significantly stressful event for an individual.9 This distress is not only due to the physical limb loss, but also due to role limitation and the need for adjustment of lifestyle post-surgery. Physical disability can lead to despair, depression, nervousness, anxiety, loss of self-esteem, stigma, isolation, and the recognition of weakness.9 Many psychological reactions to lower limb amputation may be transient, while others may be long-term perpetual requiring further action such as psychiatric assessments.9 Several researchers have repeatedly reported that limb loss may sometimes be severe enough to be associated with the loss of a spouse as well as the loss of someone’s wholeness.10 Although routine screening for depression and anxiety in patients with diabetes complications is recommended, to date this is still not standard practice amongst healthcare professionals in both primary and secondary care. If depressive symptoms are detected, a prompt treatment plan could be implemented which may include timely medication and/or referral to the appropriate healthcare professionals.6,9,10

It has been recommended that subjects with diabetes mellitus (DM), especially those with poor metabolic control, should be screened for depression.11 Thus, a call for change in screening practices for patients with DM which includes screening for mental health issues is warranted.

According to projections, there will be a further increase in the prevalence of DM. It has been reported that one in three people with DM develop a foot ulceration at least once during their lifetime.12,13 It has been suggested that amputations may be avoided if foot ulcers are effectively detected, assessed, referred to, and rapidly treated, to optimise healing.12,13 Hence, it is critical to develop new models of healthcare to provide fair access to care and to improve culturally appropriate strategies. Foot screening guidelines also need to be revised, so that they are informed by the latest developments in science and technology and include screening for depression in this high-risk vulnerable population. The authors recommend that a robust theoretical framework that could serve to help identify and interpret psychological consequences be included to aid healthcare professionals towards early diagnosis of depressive symptoms.

Although diabetes impacts the whole body, the foot cannot be forgotten.12-14 Diabetic amputations are particularly brutal in the way they affect patients both physically and psychologically, while evidence suggests that they are preventable. Importantly, one amputation often leads to another, and these amputations, eventually, may lead to death.12-15

Through collaborations, new legislation and use of the latest developments in technology,16,17 even artificial intelligence,18 new solutions can be found to help save patients from the tragic consequence of amputations. It would be very unrealistic to expect perfect in a very short time. Successful strategies require realistic time frames to be implemented.19-22

In conclusion, despite huge medical and technological advances to date for the diagnosis, monitoring and management of diabetic foot complications, their prevalence is still alarmingly high. Patients’ quality of life may be severely compromised. Patients may fear amputations more than death. An effort to minimise the impact of these complications and to ensure prompt access to care for everyone is still required.23 Urgent therapeutic measures should become possible when needed.21 Improved physician training in and management of peripheral arterial disease are also vital.24,25 The authors advocate for more mental health awareness and screening for depressive symptoms in this population amongst other physiological parameter monitoring. Furthermore, more research is warranted on the patient’s quality of life following diabetic foot ulcerations and amputations to ensure holistic care.

We need to act now before it is too late.22 This will definitely be one of the greatest challenges for 2023 and the years to come.

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